

FORM N

SUPERIOR COURT OF WASHINGTON
COUNTY OF PIERCE

<u>In re the Guardianship and/or Conservatorship of:</u>	<u>Case No.:</u>
<u>Respondent.</u>	<u>DECLARATION OF PROPOSED GUARDIAN AND/OR CONSERVATOR (Certified)</u>
	<u>Clerk's code: (DCLR)</u>

(14) Personal Information.

Name: _____

Certified Professional Guardian/Conservator #: _____

Mailing Address: _____

City, State, Zip _____

Street Address: (if different) _____

City, State, Zip _____

Telephone Number: _____

Fax Number: _____

Email: _____

(15) Certified Status. The proposed Guardian/Conservator is a Certified Professional Guardian and Conservator in the State of Washington.

(16) Business Form. The form in which the proposed Guardian/Conservator does business is:

sole proprietor partnership trust company

corporation non-profit corporation

(17) Identification of Principals of Proposed Guardian/Conservator. List the name of each member of the Board of Directors, officer, and owner of the business of the proposed Guardian/Conservator and their title:

(18) Individual Certified Guardians/Conservators. List each certified Guardian and/or Conservator in the employ of the Guardian/Conservator who may have responsibilities in this case and the individual certified Guardian/Conservator who will have supervising responsibility in this case:

(19) Relationship to Respondent. The proposed Guardian and/or Conservator has the following relationship with the Respondent:

(20) Guardian/Conservator's Organizational Structure.

(a) Date the proposed Guardian/Conservator began doing business: _____

(b) Allocation of job responsibilities: *(Brochures or other printed materials may be attached as an Exhibit in response to this question.)*

(21) Criminal Background Checks. Does the proposed Guardian/Conservator conduct criminal background checks pursuant to RCW 43.43.832 on all employees or volunteers who will or may have unsupervised access to the Individual subject to guardianship and/or conservatorship?

Yes No

(22) Criminal and Disciplinary History. Provide the following information for the proposed Guardian/Conservator and for each of its principals and employees who are certified professional Guardians/Conservators. However, do NOT include employees who are neither principals nor certified Guardians/Conservators:

(a) Circumstances leading to removal as a Guardian/Conservator or as a fiduciary for breach of fiduciary duty or for any other reason: _____

(b) Conviction for a crime involving dishonesty, neglect, or use of physical force or other crime relevant to the duties of a guardian or conservator: *(attach an explanation as an exhibit explaining why this individual is employed by the proposed Guardian/Conservator):* _____

(c) Civil proceedings in which there was a finding of dishonesty, misappropriation of funds, breach of fiduciary duty, or mistreatment of any person *(identify any civil proceedings where there was a settlement, even if such settlement was without specific findings by the Court):* _____

(d) Reported disciplinary proceedings by a disciplinary body or licensing agency that resulted in a finding of misconduct *(including proceedings by a professional organization such as a state bar association, a medical disciplinary review board, etc.):* _____

(23) Bond/Insurance. The proposed Guardian/Conservator has insurance coverage or security at the following policy limits as of _____ (date):

(a) Errors and Omissions Insurance:

i) Insurance Company: _____

ii) Policy Limits: _____

(b) Employee Dishonesty Insurance:

i) Insurance Company: _____

ii) Policy Limits: _____

(c) General Surety Bond:

i) Bonding Company: _____

ii) Amount: _____

(24) Assets Under Management. The total value of all assets that the proposed Guardian/Conservator has under management as of _____ (date) is \$ _____.

(25) Compensation and Reimbursement. The proposed Guardian/Conservator's compensation schedule is as follows (*include the different hourly rates for various services*):

(26) Experience. The proposed Guardian/Conservator's experience with similar guardianships and/or conservatorships (*for example, similar amount of assets, the family circumstances of the Individual, the proximity of the proposed Guardian and/or Conservator to the residence of the Individual, and any relevant information*) is:

(27) Case Load. As of _____ (date), the proposed Guardian and/or Conservator is the court appointed Guardian or Conservator for _____ (insert number) of Individuals and serves as a fiduciary (e.g. Trustee, attorney in fact, custodian) for _____ people.

(28) Summary of Guardian/Conservator Duties. The below signed proposed Guardian/Conservator understands and agrees that:

My duties as Guardian/Conservator are more fully described in:
(a) the Court Order that appoints me,
(b) the statutes of the State of Washington – generally RCW 11.130,
(c) the case law.

I should consult with my attorney if I have any questions. I am presumed to understand my duties and responsibilities. I can be held personally responsible if I do not properly carry out my duties as Guardian and/or Conservator.

As Guardian/Conservator, I act in a fiduciary capacity in my dealings on behalf of the Individual. This means that as the Guardian/Conservator, I am required to put the interests of the Individual ahead of my personal interests in all transactions, as well as any transaction in which my interests and the interests of the Individual may be in conflict.

Additionally, if I have been appointed Conservator, I am charged with the responsibility of acting as a reasonably prudent person in dealing with the investment and conservation of the assets of the Individual and to avoid self-dealing.

For health care decisions, "Before any person authorized to provide informed consent on behalf of a patient who does not have the capacity to make a healthcare decision exercises that authority, the person must first determine in good faith that that patient, if he or she had the capacity to make the health care decision, would consent to the proposed health care. If such a determination cannot be made, the decision to consent to the proposed health care may be made only after determining that the proposed health care is in the patient's best interests." RCW § 7.70.065(1)(a)(C)(c).

If my personal beliefs could be in conflict with the interests of the Individual subject to guardianship and/or conservatorship, I must first do what I believe the Individual would do if competent. If that cannot be determined, either because of lack of knowledge or because the Individual has always been disabled, I may act in the manner that I believe is in the best interest of the Individual. I understand that at any time I can seek direction from the court if there is any question of what is in the best interest of the Individual

Any attorney whom I retain to assist me in this guardianship/conservatorship proceeding will have independent responsibilities and obligations to the Court. The attorney-client privilege may not extend to information regarding misfeasance or malfeasance of a fiduciary. The attorney-client privilege may not extend to information given by me, the Guardian/Conservator, to my attorney, for any failure to follow the laws of a court-appointed Guardian/Conservator.

If I am appointed the Guardian or Conservator, I must:

- Give the Individual and notice parties a copy of the Order with the notice of the right to request termination or modification within 14 days of appointment;
- Give the Individual and notice parties the Notice of Right within 30 days of appointment;
- keep the Court informed of any change in my name, address, or bonding status;
- file a Change of Circumstance Report within thirty (30) days of any change of location, major or permanent changes in health or finances, or of the death of the Individual;
- file a Final Accounting within ninety (90) days after the termination of a conservatorship. RCW 11.130.570
- If I am appointed Conservator, I must also:**
- keep the Individual's funds separate from my own, in a separate conservatorship bank account;

- make all payments in a timely manner and with a method so there is a record of all transactions that can be verified by the Court at the time of each accounting (e.g. checking account);
- file, within ninety (90) days of my appointment, a Conservator's Plan and an Inventory of the assets in the conservatorship estate, and
- file, within ninety (90) days of the anniversary date of my appointment (as shown on the Letters of Conservatorship), an Accounting showing the receipts and disbursements made on behalf of the Individual during the previous accounting period.

If I am appointed the Guardian, I must also:

- file, within ninety (90) days of my appointment, a Guardian's Plan describing the care needs and condition of the Individual with the court.
- file, within ninety (90) days of the anniversary date of my appointment (as shown on the Letters of Guardianship), a Report describing the care and condition of the Individual during the previous reporting period.

If I am appointed the Guardian and/or Conservator, I cannot:

- spend, sell, borrow, loan, invest or give away ANY of the Individual's property (including money), without a court order;
- spend, loan, invest, or give away any of the Individual's principal or income for any purpose without a court order;
- borrow money on behalf of the Individual, without a court order;
- use the Individual's money for myself or my needs, without a court order;
- pay myself a fee from the Individual's money, without the filing of a verified petition with an Affidavit detailing the time spent, services provided, and compensation requested, and a corresponding court order approving said petition; or
- force the Individual to live ANYWHERE, including a mental institution or nursing home facility.

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT.

Signed at _____, Washington on _____
 _____ (City) _____ (Date)

 (Signature of Certified Professional Guardian/Conservator) CPGC # _____

 (Printed Name)

IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON FOR PIERCE COUNTY

In Re the Guardianship of:

—[Name]

An Incapacitated Person.

~~CAUSE NO.~~

~~DECLARATION OF PROPOSED GUARDIAN
(Certified)~~

~~1) Personal Information.~~

~~Name of Proposed Guardian:~~

~~Certified Professional Guardian #:~~

~~Mailing Address of Proposed Guardian:~~

~~Street Address (if different):~~

~~City/State/Zip:~~

~~Telephone Number: _____ Fax Number:~~

~~Email Address:~~

~~2) Certified Status. The proposed Guardian is a certified professional Guardian in the State of Washington. Attached as Exhibit A to this Declaration is a summary listing the educational programs (pertaining to Guardianships or fiduciary matters) which the proposed Guardian and its employees have attended during the past twelve (12) months.~~

~~3) Business Form. The form in which the proposed Guardian does business is:~~

- ~~sole proprietor partnership trust company
 corporation non-profit corporation~~

~~4) Identification of Principals of Proposed Guardian. List the name of each member of the board of directors, officer, and owner of the business of the proposed Guardian and their title:~~

~~5) Individual Certified Guardians. List each certified Guardian in the employ of the Guardian who may have responsibilities in this case and the individual certified Guardian who will have supervising responsibility in this case.~~

~~6) Relationship to Alleged Incapacitated Person. The proposed Guardian has the following relationship with the Incapacitated Person:~~

~~7) Guardian's Organizational Structure.~~

~~(a) Date the proposed Guardian began doing business:~~

~~(b) Allocation of job responsibilities:~~

~~(Brochures or other printed materials may be attached as an Exhibit in response to this question.)~~

~~8) **Criminal Background Checks.** Does the proposed Guardian conduct criminal background checks pursuant to RCW 43.43.832 on all employees or volunteers who will or may have unsupervised access to the Incapacitated Person? Yes No~~

~~9) **Criminal and Disciplinary History.** Provide the following information for the proposed Guardian and for each of its principals and employees who are certified professional Guardians. However, do NOT include employees who are neither principals nor certified Guardians:~~

~~(a) **Circumstances leading to removal as a Guardian or as a fiduciary for breach of fiduciary duty or for any other reason:**~~

~~(b) **Criminal proceedings for a felony or misdemeanor involving moral turpitude, which resulted in a finding or plea of guilty (attach an explanation as an exhibit explaining why this individual is employed by the proposed Guardian):**~~

~~(c) **Civil proceedings in which there was a finding of dishonesty, misappropriation of funds, breach of fiduciary duty, or mistreatment of any person (identify any civil proceedings where there was a settlement, even if such settlement was without specific findings by the Court):**~~

~~(d) **Reported disciplinary proceedings by a disciplinary body or licensing agency that resulted in a finding of misconduct (including proceedings by a professional organization such as a state bar association, a medical disciplinary review board, etc.):**~~

~~10) **Bond/Insurance.** The proposed Guardian has insurance coverage or security from the following forms at the following policy limits as of _____ 20 _____:~~

~~a) **Errors and Omissions Insurance:** _____~~

~~i) Insurance Company: _____~~

~~ii) Policy Limits: _____ \$ _____~~

~~b) **Employee Dishonesty Insurance:**~~

~~i) Insurance Company: _____~~

~~ii) Policy Limits: _____ \$ _____~~

~~c) **General Surety Bond:**~~

~~i) Bonding Company: _____~~

~~ii) Amount: _____ \$ _____~~

~~11) **Assets Under Management.** The total value of all of the assets that proposed Guardian has under management as of _____, 20 _____ is: \$ _____~~

~~12) **Compensation and Reimbursement.** The proposed Guardian's compensation schedule is as follows (include the different hourly rates for various services):~~

~~13) — **Experience.** The proposed Guardian's experience with similar Guardianships (for example, similar amount of assets, the family circumstances of the Incapacitated Person, the proximity of the proposed Guardian to the residence of the Alleged Incapacitated Person, and any relevant information) is:~~

~~14) — **Case Load.** As of _____, 20____ the proposed Guardian is the Court appointed Guardian for [insert text number] of total individuals, and serves as a non-guardian fiduciary (e.g. Trustee, Attorney in Fact, Custodian) for _____ number of total individuals.~~

~~15) — **Summary of Guardian Duties:** The below signed proposed Guardian understands and agrees that:~~

~~My duties as Guardian are more fully described in:~~

~~(1) the Court Order that appoints me,~~

~~(2) the statutes of the State of Washington — (for example see the Revised Code of Washington (RCW) at Chapters 11.88 & 11.92 and specifically 11.92.043 RCW.)~~

~~(3) the case law.~~

~~I should consult with my attorney if I have any questions about my duties and responsibilities. I am presumed to understand my duties and responsibilities. I can be held personally responsible if I do not properly carry out my duties as Guardian.~~

~~As Guardian, I act in a fiduciary capacity in my dealings on behalf of the Incapacitated Person. This means that as the Guardian, I am required to put the interests of the Incapacitated Person ahead of my personal interests in all transactions as well as any transaction in which my interests and the interests of the Incapacitated Party may be in conflict.~~

~~Additionally, if I have been appointed Guardian of the Estate, I am charged with the responsibility of acting as a reasonably prudent person in dealing with the investment and conservation of the assets of the Incapacitated Person; and to avoid self-dealing.~~

~~Any attorney that I retain to assist me in this guardianship proceeding will have independent responsibilities and obligations to the Court. The attorney-client privilege may not extend to information regarding misfeasance or malfeasance of a fiduciary.~~

If I am appointed the Guardian of the Person or Guardian of the Estate I must:

- ~~• file a Designation of Standby Guardian with the Court;~~
- ~~• keep the Court informed of any change in my name, address, or bonding status; and~~
- ~~• file a Change of Circumstance Report within thirty (30) days of any change of location, major or permanent changes in health or finances, or of the death of the Incapacitated Person.~~
- ~~• file a Final Accounting within ninety (90) days after the termination of a guardianship. 11.92.053 RCW, see also 11.88.140 RCW~~

If I am appointed the Guardian of the Estate I must also:

- ~~keep the Incapacitated Person's funds separate from my own, in a separate guardianship bank account;~~
- ~~make all payments in a timely manner and with a method so there is a record of all transactions that can be verified by the Court at the time of each annual accounting (e.g. checking account);~~
- ~~file, within ninety (90) days of my appointment, an Inventory of the assets in the guardianship estate, and a Budget authorizing disbursements; and~~
- ~~file, within ninety (90) days of the anniversary date of my appointment (as shown on the Letters of Guardianship), an Accounting showing the receipts and disbursements made on behalf of the Incapacitated Person during the previous accounting period.~~

If I am appointed the Guardian of the Person I must also:

- ~~file, within ninety (90) days of my appointment, a Personal Care Plan describing the care needs of the Incapacitated Person with the court; and~~
- ~~file, within ninety (90) days of the anniversary date of my appointment, a Status Report describing the care and condition of the Incapacitated Person during the previous accounting period.~~

If I am appointed the Guardian of the Person or Guardian of the Estate I cannot:

- ~~spend, sell, borrow, loan, invest or give away ANY of the Incapacitated Person's property (including money), without a court order;~~
- ~~spend, loan, invest, or give away any of the Incapacitated Person's principal or income for any purpose without a court order;~~
- ~~borrow money on behalf of the Incapacitated Person, without a court order;~~
- ~~use the Incapacitated Person's money for myself or my needs, without a court order;~~
- ~~pay myself a fee from the Incapacitated Person's money, without the filing of a verified petition for payment of fees with an Affidavit detailing the time spent, services provided, and compensation requested attached thereto, and a corresponding court order approving said petition; or~~
- ~~force the Incapacitated Person to live ANYWHERE, including a mental institution or nursing home facility.~~

I certify (or declare) under penalty of perjury under the laws of the State of Washington that to the best of my knowledge the statements above are true and correct.

Signed at _____, Washington

This _____ day of _____, 20_____.

Signature of Certified Professional Guardian

Printed Name of Certified Professional Guardian,
WSBA/CPG#

Address

Telephone/Fax Number

City, State, Zip Code

Email Address

Effective 9/1/~~2022~~06